

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31495

State File No.

BIRTH NO.		REG. DIST. NO. <u>308</u>		PRIMARY REG. DIST. NO. <u>6049</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a: STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fenn Osage</u>		92	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Augusta Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Near Fenn Osage</u>			
3. NAME OF DECEASED (Type or Print) <u>William</u>			a. (First) <u>Joerling</u>			b. (Middle)	
c. (Last)			4. DATE OF DEATH		(Month) (Day) (Year)		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>May 10, 1874</u>			9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Charles Co. Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Christina Joerling</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Mutert</u>		
14. NAME OF HUSBAND OR WIFE <u>Amelia Joerling</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Alvin Joerling</u>			ADDRESS <u>Augusta, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chr. Nephritis</u>				64	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				192X 212	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1944</u> to <u>Sept 29, 1949</u> , that I last saw the deceased alive on <u>Sept 28, 1949</u> , and that death occurred at <u>10</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>mo</u>				23b. ADDRESS <u>mother will visit</u>		23c. DATE SIGNED <u>9/30/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fenn Osage</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-1-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Viola Pleasance</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Murchay</u>		ADDRESS <u>Wentzville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____
District Health Officer No. 9
RECEIVED
OCT 8 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. 2467

working under my personal supervision.

Student
Student Embalmer

Signed Morris M. Schantz

Licensed Embalmer No. 2461

P. O. Address Wentzville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.